## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SC	CHEDULE E)			PAGE 1 FOR SE OF	OF 2 FORM 24/48
NAME OF COMMITTE (In Full)			FEC ID	ENTIFICATION	ON NUMBER ▼
CREDO SUPERPAC				C00507517	
Check If X 24-hour report 48-hour report New report Amends report filed on					Y Y Y
	Full Name (Last, First, Middle Initial) of Payee Alliance Graphics		10 M /	18 /	Y Y Y Y 2012
	Mailing Address 1101 8th Street, Suite 100	Amour	nt		
	City State Zip Code Berkeley CA 94710	Transac	tion ID	: SE.10577	3101.11
	Purpose of Expenditure Printing  Category/ Type	Office Sough	it: X	Senate	State: CO District: 06
	Name of Federal Candidate Supported or Opposed by Expenditure:  MICHAEL COFFMAN	Check One:		President Support	X Oppose
		Disbursemen 012 Oth	it For: [ ner (spe	Primary ecify) •	General
	Full Name (Last, First, Middle Initial) of Payee Alliance Graphics		10 /	18	2012
	Mailing Address 1101 8th Street, Suite 100	Amour	nt		
	City State Zip Code Berkeley CA 94710	Transac	ction ID	: SE.10578	3485.78
	Purpose of Expenditure Bags Category/ Type	Office Sough	nt: X	House Senate	State: CO District: 06
	Name of Federal Candidate Supported or Opposed by Expenditure:  MICHAEL COFFMAN	Check One:		President   Support	X Oppose
		Disbursemen 2012 Otl	it For: [	Primary Pcify)	General
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures	· [	-7-	7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	Becky Bond [Electronically Filed] Date	10 /	19	/ Y Y 201:	2
	Signature -				

## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

	FOR SE OF FORM 24/48				
NAME OF COMMITTE (In Full)	EC IDENTIFICATION NUMBER ▼				
CREDO SUPERPAC	C00507517				
Check If X 24-hour report 48-hour report New report Amends report filed on					
Full Name (Last, First, Middle Initial) of Payee					
Matt Blizek  Date					
Mailing Address 3001 N. Francisco Ave., Apt 3  Amount	10 2012				
City State Zip Code					
Chicago IL 60618	1500.00 on ID : SE.10576				
Purpose of Expenditure Strategic Consulting  Category/ Type  Office Sought:	House State: CO Senate District: 06				
Name of Federal Candidate Supported or Opposed by Expenditure:  MICHAEL COFFMAN  Check One:	President  Support  Oppose				
MICHAEL COFFMAN Check One:	Support Oppose				
Calendar Year-To-Date Per Election for Office Sought Disbursement F 2012 Other	For: Primary General r (specify)				
Full Name (Last, First, Middle Initial) of Payee Date					
M-	M / D D / Y T Y T Y				
Mailing Address					
Amount					
City State Zip Code	77				
Purpose of Expenditure  Category/ Type  Office Sought:	House State: Senate District:				
Name of Federal Candidate Supported or Opposed by Expenditure:	President				
Check One:	Support Oppose				
Calendar Year-To-Date Per Election for Office Sought Disbursement F	For: Primary General r (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	19 2012				
Signature	2012				